



Village of Sister Bay
2383 MAPLE DRIVE • SISTER BAY, WI 54234
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REZONING PETITION

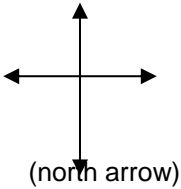
▼ THIS AREA FOR OFFICE USE ONLY ▼	
Account No.	Application Date:
Fee Amount Paid:	Receipt #:

NAMES & MAILING ADDRESSES		PROPERTY DESCRIPTION	
Petitioner (Agent)		Parcel Identification Number (PIN) 181-	
Street Address		Subdivision or CSM (Volume/Page/Lot)	
City • State • Zip Code		Address Of Property (DO NOT Include City/State/Zip Code)	
Property Owner (If different from petitioner)		Is this property connected to public water? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Is this property connected to public sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City • State • Zip Code			
CONTACT PERSON			
Name and daytime phone number (include area code) of a person we can contact if we have any questions about your petition.			
Name _____ Daytime Phone (____) _____ - _____ Email _____			
PROPOSED REZONING			
Current Zoning District _____		Proposed Zoning District _____	
Reason For Rezoning _____ _____ _____			
<i>Please complete the site map on the attached sheet.</i>			
CERTIFICATE			
I, the undersigned, hereby petition to rezone the aforementioned property and certify that all the information both above and attached is true and correct to the best of my knowledge.			
Signature _____		Date _____	
Daytime Contact Number (_____) _____ - _____			
◆ AREA BELOW THIS LINE FOR OFFICE USE ONLY ◆			

SITE PLAN

INSTRUCTIONS

- ➔ INDICATE north on the arrow.
- ➔ SKETCH the location of the proposed parent parcel and all proposed parcels (include dimensions).
- ➔ LABEL all abutting roads, highways, lakes, streams or wetlands.



Width _____

Rear property line OR Edge of water

Width _____

▲ Right-of-Way Line of Road/Highway ▲

▼ Center(line) of Road/Highway ▼

Name Of Road/Highway _____

APPROVALS

▼ AREA BELOW THIS LINE FOR OFFICE USE ONLY ▼

PLAN COMMISSION ACTION

Date Of Decision _____ Decision _____

Zoning District

ZONING ADMINISTRATOR

☐ APPROVED ☐ DENIED

Overlay District

Date _____

▼ AREA BELOW THIS LINE FOR OFFICE USE ONLY ▼

**Road/Highway
Designation**

- ☐ Village ☐ US/State
☐ County ☐ Private

**Existing
Right-Of-Way**

**Required
Road/Highway Setback**

From Right-of-Way _____
From Centerline _____

**Maximum Lot Coverage
Allowed** _____

Existing _____ Proposed _____
Aggregate _____